

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
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15		1				
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44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	4					
TOTAL DEP.	29	←	←	←	←	←
TOTAL CLAIMS	33	SEARCHED	INDEXED	EXAMINED	MAILED	FILED

1	IND	DEP	IND	DEP	IND	DEP
51						
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97						
98						
99						
100						
TOTAL IND.	4	←	←	←	←	←
TOTAL DEP.	29	←	←	←	←	←
TOTAL CLAIMS	33	SEARCHED	INDEXED	EXAMINED	MAILED	FILED